

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5302 State File No. 29312

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>2502</u> Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville, Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Rural Clark</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora Lucenda</u>			b. (Middle)	c. (Last) <u>Payne</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 12-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Denton Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>G.S. Adkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Payne</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Payne</u> ADDRESS <u>Russellville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure - D.O.A.</u>	ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
	DUE TO (b) <u>Coronary thrombosis</u>					
	DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>D.O.A.</u> , 19 <u>55</u> , to <u>Sept 8</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 AM</u> from the causes and on the date stated above.						
22a. SIGNATURE (Degree or title) <u>Frank O. Chandler</u>		22b. ADDRESS <u>205 E. 1st St. Eldon, Mo.</u>		22c. DATE SIGNED <u>Sept 9, 1955</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 10-55</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 10-1955</u>	REGISTRAR'S SIGNATURE <u>Mr. T. R. Glover</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stephens Russellville</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

260

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.